

2001 UNIFORM BUSINESS REPORT (UBR)

0011867 AF

DOCUMENT # **A06953**

1. Entity Name

PEMBROKE TOWER, LTD.

FILED

01 APR -4 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



mmh

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O ARBOR PROPERTIES, INC.
2750 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32301**

Mailing Address
**C/O ARBOR PROPERTIES, INC.
2750 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1106536** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOOTH, ED ESQUIRE
522 EAST PARK AVENUE
TALLAHASSEE FL 32308**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$500,075.00** 10. Amount of Capital Contributions in FLORIDA to date. **0** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P31581**
NAME **ARBOR PROPERTIES, INC.**
STREET ADDRESS **2750 OLD ST. AUGUSTINE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

STREET ADDRESS
CITY-ST-ZIP **000003992430--3**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **-04/11/01--01085--014
****193.75 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **FF \$141.25**

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

PEMBROKE TOWER, LTD.
By **Arbor Properties, Inc. its General Partner:**

SIGNATURE: **X** By **[Signature]** **3/10/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)